AADAC
Annual Review

for 1997-98

AADAC
Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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Message from the Chair

On behalf of the board and staff of the Alberta Alcohol and Drug Abuse Commission (AADAC), I am pleased to present the AADAC Annual Review for 1997-98.

The Alberta Alcohol and Drug Abuse Commission reports to the Minister of Community Development of the Government of Alberta, and its performance and financial reporting requirements are included in the Community Development annual report.

The Alberta government's business plan for 1998 to 2001 announced the government's intention to put children and young people first, and to continue to provide programs for children at risk in Alberta communities. The government also promised to provide Albertans with healthy social, economic and physical environments. AADAC's activities in 1997-98 support these goals. The commission continued its emphasis on prevention of abuse of alcohol, other drugs and gambling by encouraging individuals and communities to develop their strengths: the spiritual, emotional and social resources of each person, and the family, peer and self-help group resources of the community.

Through cooperating with other agencies, by taking leadership roles where appropriate, and through the community contacts provided by the network of AADAC offices across the province, AADAC ensures that its reach far exceeds the limits of its own size and budget.

AADAC has been a partner in the development of the Alberta government's 1999-2000 Children and Family Business Plan. When preventing and addressing the problems of fetal alcohol syndrome (FAS) was named a priority in that plan, AADAC already had a Provincial Coordinating Committee and 17 regional committees on FAS in place. AADAC also supported the FAS initiatives of Alberta Family and Social Services (AFSS) and co-chaired the AFSS implementation committee on FAS.

In 1997-98, AADAC represented Canada at the United Nations Commission on Narcotic Drugs. It was granted a contract for the United Nations Youth Drug Abuse Prevention Forum to be held in April 1998, and worked towards putting demand reduction on the agenda of the Commission on Narcotic Drugs.

Among other national activities, in 1997-98, AADAC participated in Canada's Drug Strategy with the RCMP, the Canadian Centre on Substance Abuse and the federal departments of Justice and Health.

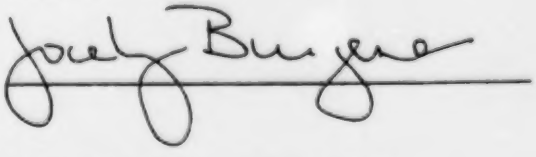
AADAC and its funded agencies continue to participate in the annual National Addictions Awareness Week, keeping communities aware of the problems of abusing alcohol, other drugs and gambling. At the local level, AADAC offices cooperate with regional health authorities, schools, social service agencies, and representatives of industry.

Two major televised public awareness campaigns were launched in 1997-98, one in partnership with Humpty's Restaurants. These campaigns were successful in making Albertans aware of AADAC's prevention and treatment services, including problem gambling.

In its February 1997 review of AADAC's role, an independent committee of MLAs commended AADAC for doing a good job in measuring its performance, and being accountable to the people of Alberta. AADAC continues to improve this system, and continues to provide excellent value for every Albertan's tax dollar. For example, it is estimated that for every dollar invested in addictions treatment, there is a $7 return.

The AADAC business plan sets targets for accessibility, effectiveness and efficiency of our programs. In 1997-98, the commission met or exceeded nine of 14 targets for access, effectiveness and efficiency. The remainder falls within 4% of being met.

AADAC continues to be effective because it is a learning organization. Our staff learn from each other and from interacting with their partners provincially, nationally and internationally. AADAC continues to provide good value to taxpayers through efficient and responsible resource management. We at AADAC look forward to another productive year of serving Albertans.



Member of the Legislative Assembly
Chair, Alberta Alcohol and Drug Abuse Commission

I. Purpose

This annual review provides a detailed report on AADAC's performance for 1997-98 for AADAC management and staff; people who work in related community agencies, education, health, social services and justice; people in other addictions agencies around the world, and others with a special interest in addictions.

On one hand, preventing and treating addiction is a highly compassionate calling. The best prevention programs are based on efforts to "build better people" by focusing on the strengths young people have and encouraging adults to play an active, supporting role in children's lives. Treatment programs help those with little control over drinking, drug use and gambling to regain control by using strengths, and by working with support groups like AA, Narcotics Anon and Gamblers Anonymous and their families. This compassionate calling is the core of AADAC's business and is the basis upon which its success is measured.

On the other hand, preventing and treating addiction is a very pragmatic and business-like venture. The physical, mental health and social consequences of addiction affect the operations of a wide variety of businesses and government institutions. In the long run, prevention programs will reduce both the impact of addiction on society and the need for ongoing treatment. Prevention takes consistent effort over time to produce the desired results and must be planned and assessed over a long time frame. Because many of the consequences of addiction are fairly quickly relieved by treatment, treating addiction often also prevents other consequences in fairly short order. By treating addictions, the costs that crime, poor health and disrupted families impose on business, government and society are reduced. This pragmatic view informs AADAC's approach to partnerships and produces tangible short-term benefits.

An overview of AADAC's mandate, services and plans for the 1997-98 fiscal year and highlights of performance are included in Section II. Section III addresses the question: "Are the services provided of reasonable quality when compared to other jurisdictions and past performance?" Section IV asks whether the overall investment made in addictions services produces reasonable benefits. A summary and conclusion are provided in Section V.

II. Overview of AADAC's Mandate, Services and Major Accomplishments

A. Mandate and service overview

Our Goal: ***To assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling.***

Under the Alberta Alcohol and Drug Abuse Act (amended in 1994 to address concerns about gambling problems), the Commission's mandate is to operate addictions treatment and prevention programs, to undertake research, as well as to fund and assist others in these endeavors. AADAC's overall goal helps ensure that Albertans continue their tradition of self-reliance. AADAC views addictions problems as requiring direct action through a continuum of appropriate services available to the individuals affected, their families, and their communities. By delivering services and working closely with other community-based agencies at 39 locations throughout the province, AADAC provides a holistic alternative to higher cost hospital and medical services.

AADAC's business plan[1] develops this broad goal into more specific goals to ensure that services are accessible, effective, and efficient, and that efforts are made to continually improve services. These core goals and their related measures set the framework for managing for results. The business plan describes strategies for improving services and establishes milestones to gauge the progress in making the strategies work. Performance targets are set to focus staff activity and internal and public performance reports mark the progress toward these goals.

It is important to manage toward balanced performance. Alberta's Auditor General[2] cautions that short-term targets and performance measures must be congruent with long term goals, and that it is important to measure all key goals as "dysfunctional performance may occur in relation to goals which are not measured." In other words, an organization may achieve exceptionally accessible services only to find that those services had become ineffective and costly or that a single-minded approach left the organization unable to adapt to new circumstances. With its balanced view, AADAC can improve performance without risking dysfunction.

1. Access Goal: To ensure reasonable access to local, regional and provincial services.

Rationale: Client and community satisfaction with access to services increases the likelihood of positive outcomes. AADAC believes that clients should have access to basic services in their home communities. More specialized services are available in fewer locations and may require travel outside the individual's community. Achieving access targets may also result in more Albertans receiving prevention and treatment services and, if budgets remain stable, improved efficiency will also result.

Measure: Access is measured by the percentage of clients who find "no difficulty" in accessing AADAC services.

2. Effectiveness Goal: To develop and deliver services that have a positive impact on clients and communities.

Rationale: One of the best ways to have a positive impact on addictions is to prevent the initial development of problems and when problems do arise, to have programs available that can appropriately address the specific needs of the client. Both prevention and treatment programs need to be continually improved and monitored to ensure that they are providing optimum benefit.

Measure: All services are expected to achieve both client satisfaction, which is measured by the percentage of clients who are "very satisfied" with the services they received, and service-specific outcomes. Addictions treatment effectiveness is measured by the percentage of people who are abstinent or exhibit improved alcohol, drug or gambling consumption for three months following treatment (the scientific literature is monitored and results compared to AADAC services). Addictions training effectiveness is measured by the percentage of people who say that training "definitely meets expectations." Detoxification (crisis) services effectiveness is measured by the percentage of clients who rate themselves as "healthy enough to leave detox."

3. Efficiency Goal: To make the best use of resources available.

Rationale: The Commission strives to produce the best possible outcome for the most reasonable cost while balancing the individual's need to have ready access to services.

Measure: Methods for assessing efficiency depend on AADAC's service monitoring and financial systems. Service monitoring systems specify which client-related activities staff are expected to record, what kind of information is required and what kind of information is not recorded or collected. A sample of treatment programs was internally audited for compliance with standard protocols (systems for monitoring prevention are under review). For all services, efficiency looks at the amount of money invested in each service and the total number of clients treated or prevention contacts made. Efficiency was assessed by dividing outputs of each service by the total dollars invested.

4. Continuous Improvement Goal: To continue to better serve Albertans and to foster a workplace which enhances the involvement, value and productivity of all staff.

Rationale: Continuous improvement occurs on two levels. The Commission continuously strives to improve the products and services that it provides to Albertans and to improve the organizational environment that supports those services.

Measure: Continuous improvement is an ongoing responsibility of AADAC managers. Efforts that improve service to Albertans are monitored using the access, effectiveness and efficiency measures described above. Efforts to improve the organizational environment that supports those services is measured through managers' annual performance reviews (these appraisals are not reported here).

AADAC's services are organized in the following areas:

Community outpatient and prevention services' purpose is to increase the capacity of communities to effectively address issues related to alcohol, other drugs, and gambling. Services are available throughout the province and form the core of AADAC's locally available services.

Crisis services' purpose is to provide safe withdrawal from the extreme effects of alcohol and other drugs, and to provide referral and counselling on an emergency basis. Clients can contact crisis services directly or by making simple arrangements with local community outpatient services. As well, the Gambling Help Line is available provincially.

Residential treatment services' purpose is to assist severely dependent clients in their recovery from addiction to alcohol; other drugs and gambling. Clients who wish to enter treatment can contact residential treatment facilities directly or by making simple arrangements with local community outpatient services.

Research, information and monitoring services' purpose is to ensure prompt access to accurate and current information on issues, trends, and research in the addictions field. Services are delivered provincially. Research, information and monitoring services can be reached directly, through community outpatient and education services, or through AADAC's Home Page at <www.aadac.com>.

Appendix A has a detailed chart showing what kind of services are available throughout Alberta.

B. Major accomplishments

The business plan outlines projects and activities that keep AADAC moving toward its long term goals. Two kinds of major accomplishments are summarized here: major milestones on business plan initiatives and highlights from core measures on service access, effectiveness and efficiency.

In the continued expansion and integration of services to deal with problem gambling, two flights of public-awareness television advertising were launched, one in partnership with Humpty's Restaurants. As a result of these and other initiatives, 67% of adult Albertans were made aware of AADAC's gambling initiatives. Outpatient counselling is now available in 29 AADAC offices and 10 funded

agencies. Among gambling treatment clients across all services, 92% report that they either gamble less or haven't gambled at all in the three months after treatment was completed.

In maintaining a focus on youth, AADAC developed a provincial Fetal Alcohol Syndrome committee (since devolved to 17 regions) and supported the Alberta Family and Social Services (AFSS) Ministry's initiatives on fetal alcohol syndrome. AADAC produced the *Fetal alcohol syndrome community resource list.* Residential support to adolescent services in Edmonton was restored by reallocating funds in the Commission which resulted in increased service coordination and better relations among partnering agencies.

In providing leadership in addictions through implementation of the MLA mandate review report[3], AADAC represented Canada at the United Nations Commission on Narcotic Drugs. AADAC chaired the provincial fetal alcohol syndrome committee and co-chaired the AFSS implementation committee on fetal alcohol syndrome. These collaborations, combined with a community-based service delivery network, allow AADAC to approach addictions issues with both practical and well-researched positions. These leadership approaches contribute to public credibility. For example, 83% to 96% of Albertans agreed with AADAC's positions on preventing and treating alcohol, drug and gambling abuse problems.

The business plan set performance targets for outpatient and residential treatment programs on access and effectiveness. Efficiency targets were set for outpatient counselling and short-term residential services. The table below shows 1997-98 results and targets. Targets met or exceeded are in bold type.

Access results and targets

Service	Results	Targets
Outpatient Counselling	93%	94%
Outpatient Day Programs	**95%**	**94%**
Short-term Residential Treatment	93%	94%
Long-term Residential Treatment	90%	94%

Effectiveness: Client satisfaction results and targets

Service	Results	Targets
Outpatient Counselling	83%	85%
Outpatient Day Programs	**85%**	**85%**
Short-term Residential Treatment	81%	85%
Long-term Residential Treatment	**93%**	**85%**

Effectiveness: Outcome results and targets

Outpatient Counselling	**93%**	**84%**
Outpatient Day Programs	**94%**	**84%**
Short-term Residential Treatment	**95%**	**93%**
Long-term Residential Treatment	**93%**	**93%**

Efficiency results and targets

Outpatient Counselling	**$342**	**$365**
short-term Residential Treatment	**$1,699**	**$1,700**

In its overall performance, AADAC met or exceeded nine of 14 targets and was within 2% of achieving three additional targets. In community services, all targets for effectiveness and efficiency were met or exceeded. In spite of substantial restructuring, residential treatment met or exceeded four of seven targets. While no targets were set in crisis services, increased access and efficiency were achieved without seriously compromising service effectiveness and client satisfaction. AADAC clients' post-treatment outcomes are as good as or better than those of programs reported in the scientific literature. A review of the cost-effectiveness of addictions treatment shows that there is about a $7 return to taxpayers for every dollar spent on addictions treatment. This financial return occurs because successful addictions treatment prevents crime, poor health and other social problems.

III. Operational Results and Analysis

This section is in two parts. Part A overviews short-term service delivery changes and business plan actions and accomplishments. Part B reviews performance targets and accomplishments for each business area.

A. Service delivery and business plan accomplishments

1. Service delivery summary

In 1997-98, AADAC services to Albertans increased substantially over 1995-96, continuing a trend of increased service utilization. The following table details service delivery for 1997-98 and summarizes changes over the 1995-96 to 1997-98 period.

		Treatment Admissions	Crisis Services	Contacts
Community Outpatient and Prevention Services				
Prevention and education				136,155
Training				13,524
Outpatient counselling services		19,803		
Day treatment		1,890		
Crisis Services				
Detoxification *		11,444		
Overnight shelter stays			99,170	
Gambling Help Line counselling			3,793	
Residential Treatment Services				
Short-term residential		4,402		
Long-term residential		458		
TOTALS	**1997-98**	**37,997**	**102,963**	**149,679**
	1996-97	35,613	87,807	158,974
	1995-96	33,248	80,148	126,004

* Unless otherwise noted, statistics for adults and adolescents are combined in the report.
Source: *AADAC service monitoring systems annual review working papers, July, 1998*

Overall, prevention/education contacts rose 19% from 1995-96 to 1997-98 (there were 126,004 prevention contacts in 1995-96 and 149,679 in 1997-98). The service delivery statistics above do not include the significant contact with Albertans through media programs initiated in support of problem gambling. Some results from studies to assess the impact of media advertising are reported with the problem gambling strategy below. Other changes in prevention and education services are

discussed in the community outpatient and prevention services section. In general, though, prevention and education services maintained a focus on youth through cooperation and partnership with schools and with community groups.

In treatment, admissions increased 14% (there were 33,248 treatment admissions in 1995-96 and 37,997 in 1997-98) over 1995-96, including a 27% increase in detoxification admissions. As part of a broader crime prevention program, some police forces have adopted "zero tolerance" policies for public inebriation,which may account for increased use of detoxification services. There is evidence that a harder-to-treat population has come with this increased demand. Among treatment clients, alcohol continues to decline as the most frequently used drug (68% in 1995-96, 65% in 1996-97 and 64% in 1997-98) while cocaine shows an increase (8% in 1995-96, 9% in 1996-97 and 11% in 1997-98). The number of injection drug users seen in treatment increased by 39% over 1995-96. The treatment population has remained fairly stable in demographic terms with 53% of clients unemployed, 71% male and an average age of 35 years. Cannabis, as the most frequently used drug among clients, has stabilized at 12 to 13% after several years of increase.

2. Key business initiatives and performance highlights

Each year, AADAC revises its three-year business plan. The 1997-98 to 1999-2000 business plan identified 17 strategies for achieving access, effectiveness, efficiency and continuous improvement goals. The larger, more comprehensive strategies in support of the goals are listed first and supporting strategies and actions follow.

Strategies related to access

Continue to expand services to deal with problem gambling and integrate with alcohol and drug services.

The expansion of gambling services is guided by partnerships at various levels. The AADAC Problem Gambling Stakeholders group (consisting of representatives of the hospitality industry, regulators, addictions and health sectors in Alberta) meets periodically to review overall strategy and identify opportunities for collaboration and issues that need to be resolved. AADAC collaborates with the Alberta Gaming and Liquor Commission (AGLC) to identify and respond to public concerns and government needs with respect to problem gambling. The AGLC contracts with AADAC to deliver prevention, treatment, training and research services related to problem gambling. Finally, AADAC's internal advisory committee (consisting of field, management and support services staff) develops and manages the implementation of new initiatives for problem gambling.

Two flights of televised public awareness advertising were launched, one in partnership with Humpty's Restaurants. In addition, a variety of print advertising was implemented. Prevention and education materials are now available for elementary

through high school as well as material for parents, physicians and aboriginal people (the latter developed by Native Counselling Services, a community agency funded by AADAC).

Outpatient counselling is now available in 29 AADAC offices and 10 funded agencies. An intensive day treatment program was piloted and residential treatment continues to be available at four funded agencies, one of which is a specialized women's program that was pilot tested and approved as a regular service.

AADAC continues to sponsor a modular program of gambling studies and advanced training is also available. AADAC completed a clinical study of VLT-using clients, supported academic research in natural recovery and continued to monitor the effectiveness, efficiency and access of gambling services.

These accomplishments have contributed to the following results related to this initiative:

- 67% of adult Albertans were made aware of AADAC's gambling initiatives.[4] As a result in the past year, 11% more clients were provided treatment for problem gambling[5] (rising from 2,617 to 2,900 clients) and 26% more gambling-related[6] calls (rising from 3,020 to 3,793 calls) were handled by the province-wide Gambling Help Line
- Among gambling treatment clients across all services, 92% report that they either gamble less or haven't gambled at all in the three months after treatment was completed.[5] As well, there has been a decline in the prevalence of gambling (90% in 1994, 87% in 1998) and less severe problem gambling (4.0% in 1994 and 2.8% in 1998) while there has been a smaller increase in more severe or "probable pathological" gambling (1.4% in 1994, 2.0% in 1998).[7]

Increase revenue generation through increases in room and board fees, the Business and Industry program and other fundraising initiatives.

Revenue generation increased by 32% (from $1.16 million in 1996-97 to $1.53 million in 1997-98)[8] to support continued availability of services through collection of room and board fees, Business & Industry Clinic contracts and course fees.

Ensure allocation of resources optimizes access to local, regional and provincial services.

Initial reviews of funding and service needs have been completed. Phase two of the review fits with the development of client-oriented service standards and the organizational systems to support them.

Strategies related to effectiveness

Maintain a focus on youth, including expanding intensive day treatment residential support in Edmonton, and implementation of a prevention framework with emphasis on individuals and their environments.

Residential support to adolescent services in Edmonton was restored by reallocating funds in the Commission and by contracting with community service providers who also supply services to Alberta Family and Social Services. This service supports referrals from rural areas and community agencies.

Implementation of AADAC's prevention framework (as outlined in A vision for success: prevention in AADAC[9]) has proceeded in several initiatives. Under this umbrella framework, AADAC:

- collaborated with Children's Services and other community and private sector agencies
- developed a provincial fetal alcohol syndrome committee (since devolved to 17 regions)
- supported the Alberta Family and Social Services (AFSS) Ministry's initiatives on fetal alcohol syndrome
- developed youth prevention partnerships with Humpty's Restaurants and the Prevent Alcohol-Related Trauma in Youth (P.A.R.T.Y.) program and
- supported National Addictions Awareness Week.

The accomplishments associated with these two parts of this strategy have contributed to the following results:

- increased service coordination and relations among partnering agencies has resulted from the approach taken to providing adolescent residential treatment services in Edmonton
- 10% increase in adolescent treatment admissions[5] (from 2,923 in 1996-97 to 3,217 in 1997-98) and a 10% increase in prevention contacts[5] with schools (from 38,790 contacts in schools in 1996-97 to 42,758 contacts in schools in 1997-98) over 1996-97.
- production of the *Fetal alcohol syndrome community resource list.*[10]

Implement the recommendations of the MLA mandate review report to provide leadership in treatment and prevention of addiction in cooperation with a network of community agencies.

The mandate review recommended that AADAC maintain its independent, community-based role in providing leadership in treating and preventing addictions. This strategy has been supported by pursuing internal, provincial and wider partnerships. Provincial partnerships included:

- chaired the provincial fetal alcohol syndrome committee
- co-chaired the AFSS implementation committee on fetal alcohol syndrome
- maintained an active partnership with the AGLC with regard to Albertans affected by gambling addictions issues
- maintained a contract to provide problem gambling services and
- developed partnerships for regional coordination with regional health and children's services authorities.

Among its national partnerships, AADAC participated in:

- Canada's Drug Strategy with the federal departments of Justice and Health, the RCMP and the Canadian Centre on Substance Abuse
- the Health and Enforcement Partnership Program, a partnership that brings supply reduction and demand reduction agencies together and
- a national consortium of eight addictions agencies who are sponsoring the development of better research tools for measuring the level of problem gambling in Canada.

AADAC's international partnerships included:

- representing Canada at the United Nations Commission on Narcotic Drugs and
- board member of the International Council of Alcoholism and Addictions.

These leadership initiatives enhance AADAC's effectiveness and promote access to services in two ways. First, the national and international partnerships increase AADAC's credibility and profile in Alberta while the local partnerships keep us grounded in each community's needs. Second, through these partnerships, AADAC gains access to global trends, research and program development that can be adapted to Alberta as well as the capacity to understand how to adapt the world's best to Alberta communities' needs.

These accomplishments have contributed to the following results and products related to this initiative:

- AADAC was a partner in the development of the Alberta Government's *1999 - 2000 Children and Family Business Plan*
- AADAC acted as a consultant to the national HIV and Injection Drug Use task force report *HIV, AIDS and Injection Drug Use: A National Action Plan* [11]

- AADAC secured a contract for the United Nations Youth Conference to be held in Banff in April 1998
- AADAC was a contributor to the International Labor Organization's *An International Perspective on Private Sector Collaboration in Drug Abuse Demand Reduction* report on workplace health and addictions[12]
- 91% of adult Albertans are aware of AADAC and 77% have read or heard of an AADAC publication[4]
- 94% believed that advertising campaigns to inform people of problems associated with alcohol, drug or gambling abuse were a good idea and 83% to 96% agreed with position statements about alcohol, drug and gambling abuse problems that were included in an advertising campaign.[4]

Review progress on effectively matching clients to appropriate levels of service (adults and adolescents).

A brief and efficient protocol for determining treatment client needs was developed and implemented.

Refine service monitoring systems to follow-up with clients to determine satisfaction and other outcomes.

More systematic and integrated internal reports were developed for service monitoring systems.

Strategies related to efficiency

Clarify and priorize AADAC treatment and prevention efforts relative to our mandate, business plan, available resources and community needs and partnerships,

Develop support to management's ability to monitor results of performance, and

Link management and staff effort around access, effectiveness, efficiency and continuous improvement.

A framework document, *Moving to action,*[13] was developed. A summary version was used in developing partnerships and maintaining partnerships with Alberta Family and Social Services, Alberta Health, Alberta Education and Alberta Community Development Childrens Services Response Team as part of the focus on youth and MLA mandate review initiatives. Internally, this work supported ongoing work in developing AADAC's performance management processes.

To develop and implement a plan for electronic communication throughout the Commission in support of service delivery.

The Infrastructure and e-mail business case[14] proposed adding 200 staff from seven sites across AADAC onto the Wide Area Network (WAN) in the 1997-98 fiscal year. During the course of the year, a total of 300 staff and 30 sites were added to the WAN. In addition, a private Intranet site for AADAC staff was developed and significant development was completed for AADAC's Internet site. The project continues to be ahead of schedule and on budget.

Review the plan for implementation of consolidation of adult services in Edmonton and Calgary.

Status: in progress; complete in 1998/99.

Strategies related to continuous improvement

To accommodate full requirements of FOIP, record keeping, and privacy.

AADAC's Act was reviewed and its paramountcy to the Freedom of Information and Protection of Privacy Act was established in the area of client confidentiality. The government-wide Organizational Records System has been implemented in AADAC. There is an ongoing review of the organization's information to ensure that client and staff privacy is protected.

To ensure community forums exist to support planning and delivery of services and to ensure continuous improvement.

AADAC's Commission Board includes community consultation as part of board meetings. AADAC staff maintain links to regional health authorities and continue to collaborate with local inter-agency committees.

To explore innovative work options for staff to balance work and family life.

A comprehensive employee brochure was developed and implemented which outlines a variety of options to better balance the work and family lives of our employees.

To establish a system to routinely meet staff needs for meaningful participation, recognition and ongoing feedback. . .

Status: This is a new goal. Some activity has been carried out and completed in this area by way of consultation with the office support group in AADAC. Work is now under way to develop further consultative initiatives with staff in the organization.

B. Operational results for AADAC services

AADAC delivers service in four areas:

- Community outpatient and prevention services
- Crisis services
- Residential treatment and
- Research, information and monitoring services.

Unless otherwise noted, results reported in this section are from AADAC Service Monitoring Systems[5].

1. Community outpatient and prevention services

The network of community outpatient and prevention services provides a uniform core of services available throughout the province while allowing the development of special programs or services in response to individual community needs. The objective of these services is to increase the capacity of communities to effectively address issues related to alcohol, other drugs and gambling. Prevention and education services aim to prevent the development of abuse, promote health-enhancing behavior, or reduce the harms associated with problem gambling and the abuse of alcohol and other drugs. Education programs provide community members and allied professionals with knowledge and skills regarding addictions. Services available at the community level typically include school programs; information, education and training programs; prevention and harm reduction initiatives; assessment and referral services; individual, family and group counselling; and day treatment programs.

Community Outpatient and Prevention Services Results

Prevention/Education	**1995-96***	**1996-97**	**1997-98**
Service contacts*	126,004	158,974	149,679
Total investment*	$4,506,016	$4,359,988	$5,099,290
Efficiency ($ per contact)	$36	$27	$34
Access**			
% who found it easy to access training	Not available	99%	99%
Effectiveness**			
% "very satisfied" with service	Not available	76%	71%
% training definitely met expectations	Not available	59%	56%

* Contacts include prevention, education and training services. Provincial training services decentralized in 1996-97; 1995-96 figures adjusted for comparison.

** Based on Training Services. Indicators for other prevention/education services are under development.

Source: *AADAC service monitoring systems annual review working papers, July, 1998*

There were 136,155 prevention contacts (up from 115,373 in 1995-96 but down from 151,483 in 1996-97). Training participation rose sharply to 13,524 (up from 7,246 in 1995-96 and 7,491 in 1996-97).

Outpatient Counselling	1995-96	1996-97	1997-98	Target
Treatment admissions	17,718	18,577	19,803	
Total investment	$6,812,300	$6,289,390	$6,771,809	
Efficiency ($ per admission)	$384	$339	$342	$365*
Access % who had "no difficulty" accessing services	94%	94%	93%	94%
Effectiveness % "very satisfied" with service	82%	79%	83%	85%
% abstinent or improved for 3 months after treatment	84%	92%	93%	84%
Day Treatment				
Treatment admissions	1,510	1,927	1,890	
Total investment	$1,834,303	$2,292,937	$2,306,583	
Efficiency ($ per admission)	$1,215	$1,190	$1,220	
Access % who had "no difficulty" accessing services	94%	94%	95%	94%
Effectiveness % "very satisfied" with service	83%	83%	85%	85%
% abstinent or improved for 3 months after treatment	89%	94%	94%	84%

* The dollar value of this target differs from the 1997-98 to 1999-2000 Business Plan. The target was adjusted to account for changes due to reclassifying some services.

Source: *AADAC service monitoring systems annual review working papers, July, 1998*

Services have met or achieved six of the eight targets set. As reported last year, satisfaction with access to services has again been maintained in the face of increased service use. Efficiency is generally improving, and post-treatment abstinence or improvement has increased substantially across all Community Outpatient and Prevention services.

Day treatment clients report improvements in health (53% reported improvements in 1995-96, 67% report improvements in 1997-98) and employment/school situations (43% reported improvements in 1995-96, 47% report improvements in 1997-98). Consistent with the business plans of AADAC and a number of its Funded Agencies, there has been some shifting of investment from short-term residential programs toward day treatment.

Satisfaction with outpatient counselling has rebounded after slight declines reported in past reviews and the percentage of clients abstinent or improved after treatment has risen to 93%. On the other hand, fewer clients report improvements in health (67% reported improvement in 1995-96, 56% reported improvement in 1997-98) and employment/school situations (59% reported improvements in 1995-96, 44% report improvements in 1997-98). These results suggest that services have placed a sharper focus on clients' alcohol, drug and gambling problems and less focus on needs that clients may be able to address on their own or with other service providers.

2. Crisis services

Crisis services include detoxification programs, shelter programs, and the Gambling Help Line. Crisis intervention services attempt to protect the health and safety of clients while they withdraw from the effects of alcohol or other drugs, or deal with a gambling-related crisis. Crisis services are located regionally. Clients can contact these programs directly or through referrals from local AADAC and funded agency offices. The objective of detoxification services is to provide safe withdrawal from the extreme effects of alcohol and other drugs on an emergency basis. Shelter services provide a safe environment in which intoxicated individuals may spend the night. Shelter services are also a cost-effective and humanitarian alternative to jail.

Crisis Services Results

Detoxification	**1995-96**	**1996-97**	**1997-98**
Treatment admissions	8,980	10,257	11,444
Total investment	$4,438,263	$4,224,326	$3,922,152
Efficiency ($ per admission)	$494	$412	$343
Access			
% who had "no difficulty" accessing services	89%	89%	88%
Effectiveness			
% "very satisfied" with service	83%	83%	81%
% "definitely feel healthy enough to leave detox."	59%	59%	57%
Shelter Services			
Overnight stays	77,446	84,796	99,170
Total investment	$1,020,096	$1,063,181	$1,459,716
Efficiency ($ per overnight stay)	**$13**	**$13**	**$15**

Source: *AADAC service monitoring systems annual review working papers, July, 1998*

Admissions to both detoxification and shelter have increased by 12% and 17% respectively since 1996-97 and 27% and 28% since 1995-96, reflecting efforts to ensure access to services. In 1997-98, some Alberta police forces implemented "zero-tolerance" policies for public drunkenness. This has resulted in a substantial increase in the demand for both overnight shelters and detoxification and considerable pressure on this resource. Efficiency of detoxification has increased and effectiveness indicators remain relatively stable. Shelter efficiency remains stable.

The increases in admissions and improved efficiency are accompanied by very slight declines in clients' ratings of access, satisfaction with service and feeling healthy enough to leave detox. This pattern of results suggests that any further admission increases or efficiency improvements will have to be carefully monitored to ensure that the quality of service does not suffer.

3. Residential treatment

Residential treatment provides a more structured environment (compared to outpatient services) to aid successful recovery and is recommended for people with limited personal resources or more severe problems. Short-term residential programs are generally two weeks to one month long and are intended for clients who are severely dependent, lack support and require greater program structure. The objective of long-term residential treatment (generally one to three months, depending on client needs) is to provide clients without family and community supports with a structured living environment. Clients can then work towards establishing the employment and living situations necessary for reintegration after treatment.

Residential Treatment Results

Short-term	**1995-96**	**1996-97**	**1997-98**	**Target**
Treatment admissions	4,335	4,203	4,402	
Total investment	$7,585,974	$7,340,508	$7,481,156	
	$1,750	$1,746	$1,699	$1,700
Access				
% who had "no difficulty accessing services	93%	92%	93%	94%
Effectiveness				
% "very satisfied" with service	82%	83%	81%	85%
% abstinent or improved for 3 months after treatment	93%	94%	95%	93%
Long-term				
Treatment admissions	705	649	458	
Total investment	$1,637,162	$1,582,558	$1,265,342	
Efficiency ($ per contact)	$2,322	$2,438	$2,763	
Access				
% who had "no difficulty" accessing services	98%	94%	90%	93%
Effectiveness				
% "very satisfied" with service	88%	86%	93%	85%
% abstinent or improved for 3 months after treatment	Not available	98%	93%	93%

Source: *AADAC service monitoring systems annual review working papers, July, 1998*

Residential treatment has met or exceeded four of the seven targets set and is within one percent of another target. Efficiency, access, satisfaction and effectiveness have been maintained.

Other indicators suggest that the effects of restructuring or a shift in the needs of clients entering short-term residential treatment may have had an impact on services. Fewer of these clients report improvements in health (73% reported improvements in 1995-96, 61% report improvements in 1997-98) and in employment/school situations (51% reported improvements in 1995-96, 49% report improvements in 1997-98). Continued care in planning and monitoring changes in short-term residential services is warranted.

Indicators for long-term residential treatment are positive, apart from a decline in treatment admissions and reduced efficiency. These results are consistent with a planned focus on the clients for whom residential treatment is indicated. About one-third of long-term treatment beds (in one large-scale long-term treatment centre) were removed from service during 1996-97 and the total investment in long-term residential treatment continued to decline as planned. Access to the remaining beds was reorganized during 1997-98. In 1997-98, these changes appear to have had the impact of reducing treatment admissions and clients perceived ease of access, poorer efficiency (because fixed costs, such as buildings, some staffing positions and maintenance, remained constant) and increasing client satisfaction with services. While the percent of long-term residential clients who were either abstinent or improved remained stable, the percent of those who were abstinent has increased from 65% in 1996-97 to 81% in 1997-98. There are three possible explanations for these results. The large-scale organization may have been very efficient and more accessible but less effective, the removal of the beds has resulted in poorer efficiency but greater effectiveness or the removal of the beds has resulted in some short-term fluctuation in the indicators. It is too early to tell which of these explanations applies.

4. Research, information and monitoring services

The objective of research, information and monitoring services is to ensure prompt access to accurate and current information on issues, trends and research in the addictions field. Services include: production and distribution of current, high quality program materials, pamphlets, videos, etc.; provision of library services, dissemination of information on advances in addictions knowledge, transfer of best practices through consultation, performance measurement, and program evaluation.

Research, Information and Monitoring Results

	1995-96	1996-97	1997-98
Total investment	$2,577,427	$2,672,823	$3,289,289

Source: *AADAC service monitoring systems annual review working papers, July, 1998*

Research, information and monitoring services restructured considerably over the period. One major component of these services supports AADAC's key strategy to *Continue to expand services to deal with problem gambling and integrate with alcohol and drug services*. Key accomplishments related to this strategy have been described earlier in this report.

An inventory of key addictions resources (videos; books, reports and pamphlets; and a central development and distribution system) provide Albertans and AADAC staff with efficient access to quality information. The inventory increased from 367 products in 1995-96 to 381 in 1997-98. A partnership was established with the University of Lethbridge which out-sourced AADAC's nationally-recognized addictions library

collection so that it now supports AADAC and its funded agencies, the Addictions Program at the University of Lethbridge and the wider academic community (through inter-library loan).

The Information Technology Services (ITS) unit was created in January 1997 to support the business plan strategy "to develop and implement a plan for electronic communication throughout the Commission in support of service delivery." The major accomplishments of this strategy are reported earlier in this report.

Ongoing monitoring of the access, effectiveness and efficiency of AADAC's services and provision of research support are a final part of this business area. This business area provides the content for AADAC's part of the Ministry Annual Report, this Annual Review and information systems that provide ongoing performance reporting to AADAC direct and funded services. Research products included many of the documents cited in this report as well as approximately forty brief consultations with staff responsible for programs, resource development, policies and management.

IV. Investment and Returns

The question of whether investment in addictions services produces reasonable benefits is very broad. Prevention and treatment services for addiction to alcohol, drugs and gambling are investments in the economic future of the province which produce returns both to the individual and to society. Individuals gain increased health, productivity and income as well as less tangible benefits such as greater personal resources and family unity. The benefits to society include a reduction or elimination of costs that would have been incurred had the addictions treatment not taken place.

The question is addressed in three ways. First, AADAC compares the relative investment per capita between Alberta and Manitoba as the populations, relevant networks of services, cost structures and other pertinent features of the two provinces are reasonably similar. Second, AADAC compares treatment outcomes with the available literature for similar types of treatment, types of clients, types of measures and measurement methodologies. Third, an analysis of the costs and returns on investment in addiction programming is conducted periodically.

An increase in admissions per 100,000 population in both Alberta and Manitoba reflects increased access to AADAC and the Addiction Foundation of Manitoba in 1997-98. With similar levels of need for service, Alberta had 1,335 admissions per 100,000 in 1997-98, compared to Manitoba admissions of 1,331. Expenditures per capita were $10.60 in Alberta in 1997-98 compared to $11.13 in Manitoba. For both provinces, per capita investment remained stable compared to the previous year.[15] Over all, AADAC achieved similar rates of access to service at less cost than Manitoba.

The available treatment literature commonly reports abstinence rates for evaluated treatment programs and cautions that abstinence rates measure only a part of the value and success of treatment. While there are many approaches to other success measures in addictions treatment, there is little consensus on what to include and how to measure and report it. AADAC is mindful of the risk in using abstinence rates as the only indicator of success and includes other indicators in its performance measurement. It is worthwhile, though, to provide a comparison of AADAC services to the relevant academic findings. The following table summarizes findings from studies of programs similar to AADAC's that have been conducted in a comparable way.

Comparisons of outcomes for AADAC services and the services reported in the addictions literature[16]

Type of Service	Abstinent	Abstinent or Improved*	Satisfaction with services
AADAC outpatient counselling	48%	93%	83%
Comparable outpatient counselling	16% - 54%	84%	69%
AADAC day treatment	57%	94%	85%
Comparable day treatment	38%	77%	86%
AADAC short-term residential	64%	95%	81%
Comparable short-term residential	28% - 66%	53% - 84%	92%
AADAC long-term residential	81%	93%	93%
Comparable long-term residential	59%	Not known	Not known

* Methods of determining post-treatment abstinence are reasonably comparable; methods of determining "abstinent or improved" status vary considerably. AADAC uses clients' post-treatment reports of reduction in alcohol, drug and gambling as an indication of "improvement." Therefore, if a client is abstinent continuously for the three months following treatment or reports reduced use of alcohol, drugs or gambling for this period as compared to pre-treatment, they are counted as "abstinent or improved."

The table shows that AADAC's services compare favorably to the available addictions literature.

Addictions problems occur at all levels of society and within communities throughout the province. As a result, individuals and families suffer and substantial costs are incurred by the health care and justice systems, by business and industry and by the community at large. A recent Canadian study has estimated that alcohol use cost Alberta $749 million in 1992, tobacco use cost $728 million and illicit drug use cost $135 million.[17] The total cost calculated was $1.6 billion (2.2% of the gross domestic product) or over $600 for each individual in the province. There is little research on estimating the costs of problem gambling in Canada. However, one Manitoba study estimates the cost per problem gambler at $56,000 per year.[18]

A recent review of the literature[18] on economic evaluations of substance abuse has shown that investment in treatment programs is generally recovered within one to three years through reduced demands on health care, social services and the criminal justice system. Most of these studies have been conducted in the United States and are valued in U.S. dollars. In Canada, it is likely that the benefits and costs of treatment would be more heavily borne by taxpayers and government than by private citizens and insurers. However, the magnitude of the benefits and costs is likely similar to those derived from these studies. Estimates of the return from each dollar invested in a substance abuse program one year after treatment (from a taxpayer perspective) range from $4.31 to $12.58. The overall average return on investment was $7.14. The studies examined support the contention that investment in addiction services produces a return through a reduction or elimination of cost that would have been incurred had the service not been available. Cost-benefit analyses studies of treatment for problem gambling are not available.

V. Summary and Conclusion

A. Summary

This report addresses two questions: "Are the services provided of reasonable quality when compared to other jurisdictions and past performance?" and "Does the overall investment made in addictions services produce reasonable benefits?" A brief summary of the main findings is presented highlighting accomplishments and potential issues.

This report departs from previous reports on AADAC's performance in that it highlights both business accomplishments and their impacts and the core performance measures of access, effectiveness, efficiency and costs and returns.

The key business plan results achieved and their impacts are:

- AADAC participated extensively in provincial, national and international partnerships. These partnerships contributed to important initiatives related to fetal alcohol syndrome, youth alcohol and drug prevention, the refinement of Alberta's response to gambling problems and strategies to reduce the supply and demand for illegal drugs.
- AADAC exceeded or met nine of fourteen business plan targets and was within 2% of achieving another three targets. In doing so, services maintained a high level of client satisfaction with service and generally improved or maintained both effectiveness and efficiency.
- AADAC's services continue to perform well against benchmark services in Manitoba and the academic literature.
- Overall prevention contacts increased by 19% and treatment admissions by 14%. Prevention programs will bear fruit in the future. Because addictions treatment has been shown to result in reduced costs of health, crime and family problems, the increased treatment admissions provide an important financial benefit to Albertans. In this regard, it is important to note that there is only slight evidence of increased alcohol and drug consumption.

Within this broad picture of success, there are some findings that will help AADAC continue preventing and treating addiction as a compassionate calling. For example, day treatment programs showed improved access, client satisfaction and treatment outcomes. They did so while investment and the volume of clients remained stable. Outpatient counselling services increased effectiveness, client satisfaction and efficiency. However, clients noted a lower amount of benefits in other life areas. This may be a result of a stronger focus on key outcomes or it may be a trade-off for efficiency. The increased access to detoxification services required to meet community needs resulted in a substantial improvement in efficiency. However, there appears to

be a slight but broad decline in the quality of service from the client's perspective. Finally, the restructuring of long-term residential beds reminds us that there is a point at which reducing overall investment results in what appears to be poorer efficiency. This result occurs because all operations have fixed costs. None of these learnings indicate substantial trouble requiring action. They are reminders that pursuing one goal will affect an organization's ability to achieve others and confirm the Auditor General's view that targeting short-term performance needs to be balanced with long-term goals and that progress toward both short and long-term goals should be measured.

There are several findings that help AADAC as a business venture. First, the partnerships that AADAC has entered into with other agencies are predominantly ones with both prevention and treatment goals. Our partners are busy and want to know that preventing addiction problems will benefit them, and they also believe that there is no option but to make prevention a priority even with the understanding that prevention takes time. But they also want better coordination of services so that their current clients can get addictions treatment if needed. Their actions seem to state that they believe that they will benefit tangibly from fewer alcohol, drug and gambling problems among their clients. The literature reported on return on investment supports the view that current addictions services already offset costs of crime and poor health and suggest that further benefits could be achieved with proper planning, resourcing and implementation. The second overall conclusion that the data suggest is that if you set clear goals, people will move toward them. Like last year's report, this report shows that staff have increased access to and the effectiveness of services. While this report suggests that this kind of improvement will start to require clearer choices between effectiveness, efficiency and access, the conclusion that setting and measuring clear goals helps organizations achieve results is warranted.

B. Conclusion

It is usual, in conclusions of this kind of report, to talk about cautions, the need for prudent decisions and for maintaining the current course as planned. We will dispense with that here. Albertans strongly believe in the direction AADAC is taking with addictions. AADAC is a widely sought after partner for community, provincial, national and international initiatives. It has been an exciting year filled with new initiatives, change and challenges.

We know and continue to show that addictions problems are amenable to treatment and prevention. We continue to show that most addiction problems can be treated at the community level, using outpatient counselling methods rather than more expensive hospital-based medical interventions. We have strong partners in the medical

community who deal very well with the cases where there are medical complications. We are developing stronger links with Children's' Services to complement our long-standing alliances with educators.

Over the past few years, we set performance targets and achieved them. Then we raised the bar and achieved new targets. We believe that Albertans are getting high quality addictions services at a great price. We want to keep providing service to these standards.

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Appendix A: AADAC and Funded Agencies Services Chart

Northern Division

	Detoxification and Shelter	Residential Treatment	Day Treatment	Counselling	Adolescent Counselling	Adolescent Intensive Treatment	Halfway House	Prevention/Education	Notes
Action North Recovery Centre* High Level		16 beds AD							adults - gender specific
Athabasca Area Office Athabasca				✓	✓			✓	
Barrhead Area Office Barrhead				✓	✓			✓	
Bonnyville Indian Metis Rehabilitation Centre* Bonnyville, Fishing Lake, Elizabeth Settlement		20 beds AD	✓					✓ ADG	Native-based**
Cool-Aid Society of Grande Prairie* Grande Prairie								✓ ADG	adolescents
Fort McMurray Area Office Fort McMurray				✓	✓			✓	
Cold Lake Area Office Cold Lake				✓	✓			✓	
High Level Area Office High Level				✓	✓			✓	
High Prairie Area Office High Prairie				✓	✓			✓	
Lac La Biche Area Office Lac La Biche				✓	✓			✓	
Metis Indian Town Alcohol Association* High Prairie, Peace River, Valleyview	12 beds 8 mats AD		✓ AD	✓ AD	✓ AD			✓ AD	Native adults and adolescents. Residential support for day treatment**
Native Counselling Services of Alberta* Wabasca, Peerless Lake, Trout Lake, Calling Lake				✓ ADG	✓ ADG			✓ ADG	Native adults and adolescents**
Northern Addictions Centre	20 beds†	20 beds†	✓	✓					
Business & Industry Clinic		12 beds†							
Community & Youth Services					✓			✓	
Training Services Grande Prairie									courses, seminars and workshops
Pastew Place Detoxification Centre* Fort McMurray	8 beds AD		✓ AD					✓ ADG	
Peace River Area Office Peace River				✓	✓			✓	
St. Paul Area Office St. Paul				✓	✓			✓	
Slave Lake Area Office Slave Lake				✓	✓			✓	
Whitecourt Area Office Whitecourt				✓	✓			✓	

All AADAC offices provide alcohol, drug and gambling services unless otherwise indicated (see ° symbol)

° Alcohol and drug inpatient treatment only

* An agency funded by AADAC

** These funded agencies also take non-Native referrals

A Alcohol services provided by this funded agency

D Drug services provided by this funded agency

G Gambling services provided by this funded agency

	Detoxification and Shelter	Residential Treatment	Day Treatment	Counselling	Adolescent Counselling	Adolescent Intensive Treatment	Halfway House	Prevention/Education	Notes
AADAC Downtown Treatment Centre Edmonton			✓	✓				✓	
AADAC Recovery Centre Edmonton	30 beds AD								adults, 24 hour
AADAC Training & Communication Services Edmonton								✓	courses, seminars and workshops
AADAC West End Treatment Centre Edmonton			✓	✓				✓	also has Opiate Dependency Prgm.
AADAC Youth Services Edmonton			✓	✓	✓	✓		✓	adolescents and their families
Boys' and Girls' Club of Hinton* Hinton								✓ AD	adolescents
Camrose Area Office Camrose				✓	✓			✓	
Drayton Valley Area Office Drayton Valley				✓	✓			✓	
Edson Area Office Edson				✓	✓			✓	
George Spady Centre Society* Edmonton	20 beds 50 mats AD								adults, 24 hour
Henwood Treatment Centre Edmonton		72 beds AD							adults, M & F gender specific
Hinton Area Office Hinton				✓	✓			✓	
Jellinek Society* Edmonton						15 beds AD			men
McDougall House Association* Edmonton						10 beds AD			women
Nechi Training, Research & Health Promotions Institute* Edmonton								✓ 43 beds ADG	training for counsellors and administrators
Poundmaker's Lodge* **Poundmaker's Lodge Outpatient*** Edmonton		47 beds ADG		✓ AD	✓			✓	adults and adolescents**
Recovery Acres Society* Edmonton						36 beds ADG			men
Red Deer Area Office Red Deer				✓	✓			✓	
Rocky Native Friendship Centre* Rocky Mountain House				✓ ADG	✓			✓ ADG	adults and adolescents**
Stettler Area Office Stettler				✓	✓			✓	
Veg Al-Drug Society* Vegreville				✓ ADG				✓ ADG	adults
Wainwright Area Office Wainwright				✓	✓			✓	
Walter A. "Slim" Thorpe Recovery* Lloydminster, Wainwright	6 beds AD	17 beds ADG	✓ AD	✓ ADG	✓ AD			✓ ADG	adults and adolescents

All AADAC offices provide alcohol, drug and gambling services unless otherwise indicated

* *An agency funded by AADAC*

** *These funded agencies also take non-Native referrals*

A *Alcohol services provided by this funded agency*

D *Drug services provided by this funded agency*

G *Gambling services provided by this funded agency*

Southern Division

	Detoxification and Shelter	Residential Treatment	Day Treatment	Counselling	Adolescent Counselling	Adolescent Intensive Treatment	Halfway House	Prevention/Education	Notes
AADAC Adult Services Calgary			✓	✓				✓	alcohol, drugs and gambling
AADAC Training and Communication Services Calgary								✓	courses, seminars and workshops
AADAC Youth Services Calgary			✓		✓	✓		✓	9 residential support beds available
Brooks Area Office Brooks				✓	✓			✓	
Calgary Alpha House Society* Calgary	20 beds 50 mats AD								adults
Crowsnest Pass Area Office Blairmore				✓	✓			✓	
Distress Centre/Drug Centre* Calgary				✓ ADG	✓ ADG			✓ ADG	
Drumheller Area Office Drumheller				✓	✓			✓	
Foothills Alcohol Action Society* Fort MacLeod	12 beds 15 mats AD								adults
Grace House* Drumheller							11 beds AD		men
Lander Treatment Centre Claresholm		48 beds ADG							adults
Lethbridge Area Office Lethbridge				✓	✓			✓	
Medicine Hat Area Office Medicine Hat				✓	✓			✓	
Native Addictions Services/Sunrise Residence Society* Calgary		14 beds AD	✓ AD	✓ ADG	✓ AD		6 beds AD	✓ ADG	Native adults** adolescents
Recovery Acres (Calgary) Society* Calgary		12 beds AD	✓ AD	✓ AD			19 beds AD		men
Renfrew Recovery Detoxification Centre Calgary	40 beds AD								adults and youth
Villa Recovery Centre for Women* Calgary		9 beds ADG	✓ ADG	✓ ADG			7 beds ADG	✓ ADG	women
South Country Alcohol and Drug Treatment Centre* Lethbridge		21 beds ADG							adults
Southern Alcare Manor* Lethbridge							25 beds AD		adults

Provincial Services

AADAC website: www.aadac.com

Gambling Help Line: 1-800-665-9676

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A Alcohol services provided by this funded agency

D Drug services provided by this funded agency

G Gambling services provided by this funded agency